



Before IFSP Checklist

- Communicate with the family and team members prior to the IFSP meeting about the desired meeting date, time, location, and participants. Ensure that the meeting is held in settings and at times that are convenient to families.
- Send written prior notice of the meeting to the family and other participants, no later than ten days prior to the scheduled meeting date to ensure participation.
- Ensure that the meeting is conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. Obtain an interpreter/translator as needed.
- Assist families in obtaining the results of evaluation and assessment information prior to the meeting, and encourage them to discuss the results of assessments with the evaluators if they so desire.
- Assemble all pertinent records, reports, and evaluations that document eligibility and assist in program planning. Take them to the meeting. They will be helpful in writing the *Present Levels of Development* and for guiding the IFSP team about recommendations for establishing appropriate outcomes and action steps for the child and family.
- Take a copy of *The Rights of Infants and Toddlers with Special Needs* to the meeting, and be prepared to review this information with the family. The parent will be asked to sign a portion of the IFSP confirming that rights have been explained and that they have received a copy.
- Take additional release forms and outcome pages, in case they are needed.
- Be sure you have the *Family Resources, Priorities, and Concerns* page of the IFSP. (As a part of voluntary family assessment, it is permissible and advisable to complete this information with the family prior to the IFSP meeting through parent interview. Additional information may be added at the meeting as needed. Be sure to include all dates when information is collected.)

- Think about what you have learned in gathering information about this child and family and their routines, supports, and concerns. Think of ways to encourage the team to participate in brainstorming during the meeting about natural supports and early intervention services that will meet the unique needs of this child and family.
- If you have questions related to funding, clarify these with your supervisor.
- Think about this child's unique needs related to transition planning prior to the meeting.
- Follow through with any additional policies or procedures unique to your district/agency.

Individualized Family Service Plan Meeting Invitation

Today's Date: _____

To: _____
Parent/Guardian

From: _____
Service Coordinator Agency

RE: _____
Child's Name Date of Birth

| | |
|------------------------------|-------|
| Date of IFSP Meeting: | _____ |
| Time: | _____ |
| Location: | _____ |
| Address: | _____ |
| Phone: | _____ |

The purpose of this meeting is:

_____ Initial IFSP Development _____ Annual IFSP Development

_____ IFSP Review/Change _____ Transition Planning

Other _____

Other invited members of the IFSP team include:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If the date and place is not good for you please let me know as soon as you can, so that we can make whatever changes are needed.

To Team Members other than parents/guardian:

Please contact me and let me know if you will/will not be able to attend this meeting. If you will NOT be at the meeting, please send information on the child's current status, including recommendations for the areas in which you are involved. You may complete the attached form or provide the information in a format of your choice. Return information to me by mail, phone, or fax. You may reach me at:

Address: _____
Phone: _____ **Fax:** _____

IFSP Meeting Invitation

Instructions

Required or Equivalent Form

Purpose: To invite family and other participants to the IFSP meeting.
CFR 303.342 (d)(2)

Required participants for an IFSP meeting consist of the following people:

1. The parent or parents of the child
2. Other family members as requested by the parent, if feasible to do so
3. An advocate or person outside of the family, if parent requests that the person participate
4. The service coordinator who has been working with the family since the initial referral for evaluation, or who has been designated by the agency to be responsible for implementation of the IFSP
5. A person or persons directly involved in conducting the evaluations and assessments or an authorized representative who is knowledgeable about the evaluations and assessments
6. As appropriate, persons who will be providing services to the child or family

Method: The incoming or designated service coordinator completes this form and provides the completed form to all the invited participants early enough before the meeting date to ensure that they will be able to attend.

Instructions:

1. Enter the date that the invitation is being sent to the family and participants.
2. The original form is sent to the family. Copies are mailed to other IFSP participants and one copy is kept for the child's record.
3. Complete the date, time, and location including address where the IFSP meeting will be held.
4. Identify the purpose of the scheduled IFSP meeting by checking the appropriate box.
5. List the participants who are receiving this invitation.
6. Attach recommendations form to be completed by the participant(s) who are unable to attend the IFSP meeting. The completed form or other information is returned to the service coordinator who is setting up the IFSP meeting.

Individualized Family Service Plan (IFSP) Recommendations

Child: _____ DOB: _____

Signature of IFSP Participant completing this form: _____ Date: _____

Agency: _____

Return this form to: _____

Address: _____

Fax: _____

- As appropriate, please give information regarding this child's level of functioning in any area(s) of development, any unique strengths and needs of this child, and any recommended services to meet those needs. (IFSP Development)
- As appropriate, please give information regarding the degree to which progress toward achieving the outcome(s) for which you are involved is being made and whether any modification or revision of the outcome or services is necessary. (Review/Change)
- As appropriate, please give information regarding procedures needed to prepare this child and family for transition. (Transition Planning)

Information: _____

Recommendations: _____

Individualized Family Service Plan (IFSP) Recommendations

Instructions

Required or Equivalent Form

Purpose: To provide participants who are unable to attend IFSP meeting a method of providing recommendations for the development of the IFSP.

Method: The participant who is not attending the IFSP meeting completes this form and submits it to the service coordinator.

Instructions:

1. The participant completes the child's name and date of birth.
2. The participant signs their name and identifies their agency.
3. The participant summarizes
 - the present level of development, unique strengths and needs and services to address those needs, and/or
 - the progress toward achieving outcomes and whether any modifications or revisions of outcomes are necessary, and/or
 - the procedures needed to prepare the child for transition.
4. The participant identifies recommendations for each of the above areas as appropriate.



Tips for Facilitating the IFSP Meeting

It is understood that every IFSP meeting is unique, just as every child and family is unique. These tips are merely a suggested guideline to assist new coordinators in understanding their role in facilitating the IFSP meeting. Service coordinators will do well relying on their own experience and expertise to tailor meetings in ways that respect the family's unique settings, values, and cultures.

- Plan the meeting so there is sufficient time for this important event. Families feel valued when team members commit themselves to fully participating in this process.
- Begin on time and start by having team members introduce themselves.
- Describe the purpose of the meeting.
- Make every effort to create a relaxed conversational atmosphere where the family feels comfortable asserting their role on the team.
- Ask a colleague to take notes of the meeting using the page, *IFSP Conference Notes*, included in the IFSP for this purpose, if desired. This is optional.
- Review *The Rights of Infants and Toddlers with Special Needs*, and give the parents a copy of the booklet. Clarify any questions the family might have.
- Review information gathered prior to the meeting. Encourage the parents to add their observations about their child's strengths and needs.
- Complete the *Present Levels of Development*. Evaluators who attend may answer questions as needed. The service coordinator may present information sent by professionals who are not able to attend.
- Document whether the parents wish to voluntarily complete the *Family Resources, Priorities, and Concerns* page of the IFSP (if not completed prior to the meeting). Document whether they want this information to be included as part of the IFSP document.

- Develop *Major Outcomes* and *Action Steps* based on the priorities of the family identified during the family assessment and at the meeting. Help the family clarify their priorities if needed, and encourage all team members to participate.
- Complete the *Services* page. The use of natural community supports should be emphasized. Remember that the IFSP constitutes an agreement stating the outcomes to be achieved and the steps necessary to achieve them. This agreement identifies providers, settings, service starting and ending dates, frequency and intensity of services, methods of service delivery, and funding sources when needed.
- Complete the *Outcome/Summary of Services* page, if desired. It is optional.
- Complete the *Transition Plan*.
- Ask the note taker to read her notes, if desired.
- Allow the parents to designate a service coordinator. Explain that this person will be responsible for doing a six-month review, annual review, and any other reviews of the program plan. This person will also be responsible for sending notices of the meetings, and providing copies of the IFSP and *Review/Change Form* to team members. This person serves as the contact for the family in regard to follow along, and is responsible for coordinating and monitoring the delivery of services. Be sure the designated service coordinator's name and phone number is included on the IFSP form.
- Ask all members present to sign the IFSP. Record the name of anyone that contributed information, but was not present, as such "(by report)". Be sure the parents sign in the spaces indicated.
- Remind the family that the IFSP will be reviewed in six months, and that the team can reconvene at any time as necessary.
- Thank everyone for coming, and inform them that you will send them a copy of the IFSP (if copies were not made available at the meeting).



IFSP Meeting Agenda

This one step...choosing a goal and sticking to it...changes everything. ~Scott Reed

The IFSP is a promise to the children and families that their strengths will be recognized and built on, that their beliefs and values will be respected, that their choices will be honored, and that their hopes and aspirations will be encouraged and enabled. (McGonigel & Johnson)

Dear Family:

This handout explains what will be discussed at your Individualized Family Service Plan (IFSP) meeting. This meeting is for you and your child, so please feel free to share your ideas and ask questions freely. Your full participation is desired as we develop a plan, in partnership with you.

- We will begin by explaining the purpose of the meeting and by introducing the people in attendance.
- Your educational rights and procedural safeguards will be explained. You will be given a copy of this information and the opportunity to ask any questions that you may have.
- Together we will discuss your child's development and your family's resources, priorities, and concerns using assessments and records that you have given us permission to gather and share.
- Together we will develop outcomes or goals for your child and family that are important to you.
- Together we will plan how to accomplish those outcomes in ways that best fit into your family's routines and in settings that are natural for your child.
- Together we will identify the supports and services necessary to help your child and family reach your goals.
- We will talk about planning for changes or transitions now and as your child approaches his/her third birthday.
- You will be asked to designate a service coordinator who will continue to assist your family.
- When the plan is agreed upon and completed, we will sign it, and copies will be provided to you and other members of the team.
- Your IFSP will be reviewed in six months; however, your team can reconvene for this purpose anytime necessary.

Tomorrow's success begins today



Content of the IFSP Quiz

Read pages 29 (d) – 32 (ix) of *Rulemaking Hearing Rules of the State Board of Education-Chapter 0520-1-10 Tennessee's Early Intervention System* as an **outside assignment**.

Complete the quiz, (without referring back to the reading material) and give it to the trainer/supervisor. If a score of 80% or higher is achieved, place the worksheet in your portfolio. If a score of less than 80% is achieved, read the material again, and retake the quiz. Place quiz(s) in your portfolio guide.

1. A statement (based on professionally acceptable objective criteria) of the child's present levels of development is required to be included in the IFSP. List the areas that must be addressed.

2. True or False (circle response)
A statement of the family's resources, priorities, and concerns related to enhancing the development of the child must be included in the IFSP.
3. True or False (circle response)
You must identify the individuals or agencies responsible for ensuring the implementation of the actions needed to achieve the outcomes included in the IFSP.
4. Describe what is meant by "frequency" in relation to services needed by the child and family.

Name of participant _____ 8.4a

5. Describe what is meant by “intensity” in relation to services needed by the child and family.

6. Describe what is meant by “method” in relation to how a service needed by the child and family is provided.

7. True or False (circle response)

It is not necessary to describe the payment arrangement for services because early intervention services are provided at no cost to families.

8. True or False (circle response)

If a service is needed by the family, but is not required under IDEA Part C, if you include it in the IFSP, it must be provided by the State’s early intervention system.

9. True or False (circle response)

Other needs of the child and family related to enhancing the development of the child, such as medical and health needs shall be included in the IFSP to the extent appropriate.

Fill in the blank:

10. Each IFSP shall include the steps to be taken, beginning at no later than age _____, in order to support the transition of the infant or toddler from IDEA Part C to Preschool services under IDEA Part B or other services that may be available as appropriate.

Tennessee Department of Education. (2001). Rulemaking Hearing Rules of the State Board of Education Chapter 0520-1-10 Tennessee’s Early Intervention System. Tennessee Technological University Printing Services.

Name of participant _____ 8.4a



Content of the IFSP Quiz Trainer's Answer Key

Read pages 29 (d) – 32 (ix) of *Rulemaking Hearing Rules of the State Board of Education-Chapter 0520-1-10 Tennessee's Early Intervention System* as an **outside assignment**.

Complete the quiz, (without referring back to the reading material) and give to the trainer/supervisor. If a score of 80% or higher is achieved, place the worksheet in your portfolio. If a score of less than 80% is achieved, read the material again, and retake the quiz. Place quiz(s) in your portfolio.

1. A statement (based on professionally acceptable objective criteria) of the child's present levels of development is required to be included in the IFSP. List the areas that must be addressed.

Physical development (including vision, hearing, and health status)
Cognitive development
Communication development
Social or emotional development
Adaptive development

2. True or ☒ False (circle response)
A statement of the family's resources, priorities, and concerns related to enhancing the development of the child must be included in the IFSP.
(With the concurrence of the family)
3. ☒ True or False
You must identify the individuals or agencies responsible for ensuring the implementation of the actions needed to achieve the outcomes included in the IFSP.
4. Describe what is meant by "frequency" in relation to services needed by the child and family.

The number of days or sessions that a service will be provided

5. Describe what is meant by “intensity” in relation to services needed by the child and family.

The length of time the service will be provided during each session, and whether the service is provided on an individual or group basis

6. Describe what is meant by “method” in relation to how a service needed by the child and family is provided.

The method (how a service is provided e.g., individual, group, consultation) of delivering the services

7. True or ☒ False

It is not necessary to describe the payment arrangement for services because early intervention services are provided at no cost to families.

8. True or ☒ False

If a service is needed by the family, but is not required under IDEA Part C, if you include it in the IFSP, it must be provided by the State’s early intervention system.

9. ☒ True or False

Other needs of the child and family related to enhancing the development of the child, such as medical and health needs shall be included in the IFSP to the extent appropriate.

Fill in the blank:

10. Each IFSP shall include the steps to be taken, beginning at no later than age 2, in order to support the transition of the infant or toddler from IDEA Part C to Preschool services under IDEA Part B or other services that may be available as appropriate.